MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/552986 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		①					53						
4		①					54						
5		①					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11	1						61						
12		1					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	⬇		⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	15	⬅		⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	17	▓		▓		▓	TOTAL CLAIMS		▓		▓		▓

PTO - 1360 (REV. 11/94)